Virginia Health Care Association
SERVING THE LONG TERM CARE NEEDS OF VIRGINIA

CCC Update:
The Nursing Facility Perspective

Presentation to:

House Appropriations, Health and Human Resources Subcommittee

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CCC Represents a Major Reform of Medicare and Medicaid for NFs

- **Commonwealth Coordinated Care (CCC) is a significant change in the administration of Medicare and Medicaid for nursing facilities**
  - Medicaid accounts for 64% of nursing facility utilization in Virginia
  - With Medicare, these two programs account for 82% of nursing facilities' business

- **VHCA has been and continues to be supportive of the CCC program**
  - Our members believe the program has significant potential to improve service delivery through added benefits (dental & vision, for example), additional resources to providers (particularly around behavioral health), and partnerships aimed at improved quality and efficiency (reduced re-hospitalizations, for example)

CCC Represents a Major Reform of Medicare and Medicaid for NFs (continued)

- **With changes of the magnitude of CCC, implementation issues are expected**
- **VHCA has been pleased with the collaboration exhibited by DMAS and the Medicare/Medicaid Plans (MMPs) towards addressing the concerns that have arisen**
- **Issues remain, but stakeholders are actively involved in finding solutions or common ground as the program matures**
  - Monthly meetings with VHCA, DMAS and MMPs
  - Weekly stakeholder calls hosted by DMAS
  - Participation by DMAS and MMPs in conferences/educational programs
  - Direct contacts with MMPs when necessary

CCC Implementation Issues

- **Enrollment has been less than expected**
- **For various reasons, a large percentage of CCC-eligible individuals have chosen to opt-out of the program**
- **Excluding Northern Virginia *(network issues)*, only 43.7% of the total eligible population has been enrolled *(40% have explicitly opted-out)***
  - For nursing facilities, 44.1% of the eligible population has enrolled; 41.7 percent have opted-out

CCC Implementation Issues (continued)

- **The change in processes and the added "complexity" associated with the addition of 3 new payers has added significant administrative burden on nursing facility staff**

- **The care coordinator role at the MMPs has been slow to materialize, we believe due to the initial influx of CCC participants under passive enrollment as each region went live and due to staffing delays – in essence, this added MMP "resource" has not yet achieved its full potential**

CCC Implementation Issues (continued)

- **Primary Care Physician "mis-assignment" has lead to Opt-Outs**
  - DMAS and the MMPs did not have adequate utilization history from the Medicare program; existing provider relationships with CCC enrollees were not considered in the MMP plan assignment, nor subsequently in the Primary Care Physician (PCP) assignment
    - For nursing facility residents, this was a particular problem because of the practice requirements specific to caring for residents in long-term care facilities (facility visits; 24/7 call, etc.)
    - Further, practitioners entering a nursing facility to deliver services must be credentialed by the facility in order to meet federal/state regulatory requirements

CCC Implementation Issues (continued)

- **As a result, many CCC participants were assigned to PCPs who:**
  - the enrollee did not know; and/or,
  - were not willing to practice in the nursing facility; and/or,
  - were not yet credentialed by the facility to do so
- **In response, our members indicate that many CCC eligibles chose to opt-out of the program**

(NOTE: we do not have systematic data, only anecdotal, but wide-spread, reporting by our members)

CCC Implementation Issues (continued)

- **Service denials / authorization delays lead to Opt-Outs**
  - Our members have articulated concerns with the service authorization process, both in terms of timeliness and in terms of interpretation of medical need / level of service
  - Concerns are primarily with the Medicare services side of CCC, both Parts A and B
  - In some cases, there appears to be differing opinions between hospitals/nursing facilities vs. the MMPs on the level of service needed
    - the level of service, in addition to meeting the needs of the patient, has a major impact on the cost of care delivered, and of course, reimbursement of that cost

CCC Implementation Issues (continued)

- **In other cases, there have been concerns with the administrative effort by nursing facility staff in chasing down authorizations from the MMPs, and the amount of time it has taken for those authorizations to be determined by the MMPs**
  - As most Part A services originate after a hospital stay, there is growing concern that the authorization issues will result in protracted hospital stays (inefficiency)
- **VHCA, DMAS, and the MMPs continue to have robust conversations regarding how to improve the authorization processes, but our members have reported the service denials/delays as causing CCC recipients to opt-out of the program** *(anecdotal, but wide-spread feedback from members)*

Conclusion

- **The CCC program represents a major change for the nursing facility profession and is very much a "work in progress"**
  - There have been significant implementation issues for nursing facilities under CCC (those discussed herein and others)
  - However, DMAS and the MMPs have been very willing to work through these issues as the arise
    - VHCA cannot say that we have reached agreement or issue resolution in all cases, but we do believe the collaboration has been positive and beneficial to all parties; significant issues remain unresolved, but we are actively working with DMAS and the MMPs towards some resolution
    - These issues need to be resolved prior to any expansion of CCC or any other managed care program statewide that includes nursing facility care
  - Between the CCC program and the new payment methodology under Medicaid, as well as continued downward rate pressure under Medicare, the nursing facility profession is in a time of significant administrative change